

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

Washington, DC

FORM D
NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6) AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

TEMPORARY

PROCESSED

THOMSON REUTERS

	amendment and name has chang			
Units, each Unit consisting of \$100,000 in	principal amount of senior sub	ordinated promisso	ry notes and 500,000	shares of common stock
Filing Under (Check box(es) that apply):	☐ Rule 504 ☐ Rule 505	Rule 506 I	☐ Section 4(6) ☐	ULOE
Type of Filing: ☑ New Filing ☐ A	Amendment			
	A. BASIC IDENTI	FICATION DATA		
1. Enter the information requested about the	ne issuer			
Name of Issuer (Check if this is an an	nendment and name has changed,	and indicate change.)	
Javo Beverage Company, Inc.				
Address of Executive Offices	(Number and Street, 0	City, State, Zip Code) Telephone Num	ber (Including Area Code)
1311 Specialty Drive, Vista, CA 92081			(760) 560-5286	
Address of Principal Business Operations	(Number and Street, C	City, State, Zip Code) Telephone Num	ber (Including Area Code)
(if different from Executive Offices)				
Brief Description of Business				(1980)
				A STATE OF THE STA
Manufacture and sale of concentrated b	everage solutions			.
Type of Business Organization				
	□ limited partnership, already t	formed	□ other (please specif	09001414
□ business trust	☐ limited partnership, to be for	med		
		Month	Year	
		0 6 6	2	
Actual or Estimated Date of Incorporation			■ Actual	☐ Estimated
Jurisdiction of Incorporation or Organization				
	CN for Canada; FN for other	r foreign jurisdiction)	•	D E

GENERAL INSTRUCTIONS

Note: This is a special Temporary Form D (17 CFR 239.500T) that is available to be filed instead of Form D (17 CFR 239.500) only to issuers that file with the Commission a notice on Temporary Form D (17 CFR 239.500T) or an amendment to such a notice in paper format on or after September 15, 2008 but before March 16, 2009. During that period, an issuer also may file in paper format an initial notice using Form D (17 CFR 239.500) but, if it does, the issuer must file amendments using Form D (17 CFR 239.500) and otherwise comply with all the requirements of §230.503T. Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 100 F Street, N.E., Washington, D.C. 20549

Copies Required: Two (2) copies of this notice must be filed with the SEC, one of which must be manually signed. The copy not manually signed must be a photocopy of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

	•				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if ind	ividual)	· · · · · · · · · · · · · · · · · · ·		,	
Ashwell, Cody C.					
Business or Residence Address	(Numb	er and Street, City, State, 2	Zip Code)		
c/o Javo Beverage Company, In	c., 1311 Specialty	Drive, Vista, CA 92081			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	■ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if ind	ividual)	, <u>, , , , , , , , , , , , , , , , , , </u>			
Gartrell, Richard A.					
Business or Residence Address	(Numb	er and Street, City, State, 2	Zip Code)		
c/o Javo Beverage Company, In	c., 1311 Specialty	Drive, Vista, CA 92081	•		1
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, if ind	ividual)		·		
Baker, William C.					
Business or Residence Address	(Numb	er and Street, City, State, 2	Zip Code)		
c/o Javo Beverage Company, In	c 1311 Specialty	Drive, Vista, CA 92081			
Check Box(es) that Apply:	☐ Promoter	□Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if ind	ividual)				
Beard, Ronald S.					
Business or Residence Address	(Numb	er and Street, City, State, 2	Zip Code)		····
c/o Javo Beverage Company, In	o 1311 Specialty	Drive Viete CA 92081			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or
					Managing Partner
Full Name (Last name first, if ind	ividual)				
Carlton, Jerry W.				·	
Business or Residence Address	(Numb	er and Street, City, State, 2	Zip Code)		
c/o Javo Beverage Company, In	c., 1311 Specialty	Drive, Vista, CA 92081			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if ind	ividual)				
Hackett, Terry C.					
Business or Residence Address	(Numb	er and Street, City, State, 2	Zip Code)		
c/o Javo Beverage Company, In	c., 1311 Specialty	Drive, Vista, CA 92081			
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if ind Solomon, Stanley A.	ividual)		·		
Business or Residence Address	(Numb	er and Street, City, State, 2	Zip Code)		•
c/o Javo Beverage Company, In	c., 1311 Specialty	Drive, Vista, CA 92081			
				_	

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 Each promoter of the issuer, if the issuer has been organized within the past five years;
 Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if indi	vidual)				
Specter, Richard B.					
Business or Residence Address	(Numbe	er and Street, City, State, Z	ip Code)		
c/o Javo Beverage Company, In-	c., 1311 Specialty	Drive, Vista, CA 92081			
Check Box(es) that Apply:	□ Promoter	☐Beneficial Owner		☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if indi	ividual)				
Lillian, Gary A.					
Business or Residence Address	(Numbe	er and Street, City, State, Z	ip Code)		
c/o Javo Beverage Company, In-	c., 1311 Specialty	Drive, Vista, CA 92081			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		□Director	☐ General and/or Managing Partner
Full Name (Last name first, if ind	ividual)				
Marshall, William E.					
Business or Residence Address	(Numb	er and Street, City, State, Z	ip Code)		
c/o Javo Beverage Company, In	c 1311 Specialty	Drive Vista CA 97081			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if ind	ívidual)				
Business or Residence Address	(Numb	er and Street, City, State, Z	ip Code)		1,14
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if ind	ividual)				
Business or Residence Address	(Numb	er and Street, City, State, Z	ip Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if ind	ividual)				
Business or Residence Address	(Numb	er and Street, City, State, Z	ip Code)	. .	
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if ind	ividual)				55
Business or Residence Address	(Number	er and Street, City, State, Z	ip Code)		<u> </u>

				B. INF	ORMATIC	N ABOU	OFFERI	NG				
											Yes 1	No
1. Has the iss	suer sold, or	r does the is	suer intend	to sell, to	non accredit	ted investor	s in this off	ering?	,			×
			Ans	wer also in	Appendix,	Column 2,	if filing und	ier ULOE.				
2. What is th	e minimum	investment	that will b	e accepted	from any in	dividual?					\$ N/A	
										•	Yes 1	No
3. Does the o	offering pen	mit joint ow	nership of	a single un	it?					•••••	⊠ . (
4. Enter the iremuneration agent of a bropersons to be	for solicita ker or deal	tion of pure er registered	hasers in co I with the S	onnection v SEC and/or	vith sales of with a state	securities: or states, l	in the offeri ist the name	ng. If a per of the brol	son to be li ter or deale	sted is an a r. If more	issociated than five (person or
Full Name (L	ast name fi	rst, if indivi	dual)									
N/A												
Business or R	Residence A	ddress (Nu	mber and S	treet, City,	State, Zip C	Code)					•	
							•					
Name of Asso	ociated Bro	ker or Deal	ет									*
States in Whi	ch Person I	Listed Has S	Solicited or	Intends to	Solicit Purc	hasers						
		or check in									All States	Š
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[НП]	[ID]
[IL]	[IN]	[IA]	[KS]	{KY}	[LA]	(ME)	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name (L	ast name fi	rst, if indivi	dual)									
Business or R	lesidence A	ddress (Nu	mber and S	treet, City.	State, Zip C	ode)	· · · · · · · · · · · · · · · · · · ·					
		(-		,,		,						
Name of Asso	ociated Bro	ker or Deal	er									
Traine of Tibor												
States in Whi	ch Person I	isted Has S	Solicited or	Intends to	Solicit Purc	hasers						
											All States	s
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[Ri]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name (L	ast name fi	rst, if indivi	dual)									
Business or R	tesidence A	ddress (Nu	mber and S	treet, City.	State, Zip C	ode)						
		(,,		,						
Name of Asse	nciated Bro	ker or Deal	er									
Nume of 2135	ocidiod Dio	net of Dear										
Ctaton in 1171-1	oh Domos 1	icted Use S	Colinited s-	Intende to	Colinie Du	hocore						
States in Whi (Check ".		asted Has S or check in			Souch ruft	ndscis			**************		All States	s
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[[L]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
ren	ISCI	(CD)	ITNI	(TY)	רדווז	IVTI	(VA)	(WA)	rwvi	rwn	rwyi	[PR]

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

already sold. Enter "	offering price of securities included in this offering and the total amount O" if answer is "none" or "zero." If the transaction is an exchange offering, indicate in the columns below the amounts of the securities offered for exchange			
Type of Security		Aggregate Offering Price		nount Already Sold
Debt		\$:	s
Equity		s	;	\$
	•			
	□ Common □ Preferred			
Convertible Secu	rities (including warrants)	s		s
Partnership Inter-	ests	s		\$
Other (Specify L	Units, with each Unit consisting of \$100,000 in principal amount of senior subordinated and 500,000 shares of common stock	\$ 20,000,000		\$ <u>3,540,000</u>
Total		\$ 20,000,000		\$ <u>3,540,000</u>
	Answer also in Appendix, Column 3, if filing under ULOE.			
offering and the aggr the number of person	accredited and non-accredited investors who have purchased securities in this egate dollar amounts of their purchases. For offerings under Rule 504, indicate s who have purchased securities and the aggregate dollar amount of their purchases ter "0" if answer is "none" or "zero."	Number Investors		Aggregate Dollar Amount of Purchases
Accredited Inves	tors	9		\$ <u>3,540,000</u>
Non-accredited I	nvestors			s
Total (for f	ilings under Rule 504 only)	9		\$ <u>3,540,000</u>
	Answer also in Appendix, Column 4, if filing under ULOE.			
sold by the issuer, to	offering under Rule 504 or 505, enter the information requested for all securities date, in offerings of the types indicated, the twelve (12) months prior urities in this offering. Classify securities by type listed in Part C - Question 1.			
Type of offering		Type of Security		Dollar Amount Sold
Rule 505				S
Regulation A				s
Rule 504				\$
Total				S
securities in this The information	nt of all expenses in connection with the issuance and distribution of the offering. Exclude amounts relating solely to organization expenses of the issuer, may be given as subject to future contingencies. If the amount of an expenditure mish an estimate and check the box to the left of the estimate.			
Transfer Agent's	Fees			s
Printing and Eng	raving Costs	1+411+1+7+++1		s
•			×	\$50,000
Accounting Fees				s
Engineering Fees	S			\$
	ons (specify finders' fees separately)			\$
	(identify)			\$
			Ø	\$ <u>50,000</u>

C. OFFERING PRICE	E, NUMBER OF INVESTORS, EXPENSES AND USE	OF P	ROCEEDS		
1 and total expenses furnished in respons "adjusted gross proceeds to the issuer." 5. Indicate below the amount of the adjusted gused for each of the purposes shown. If the estimate and check the box to the left of the	te offering price given in response to Part C - Question e to Part C - Question 4.a. This difference is the cross proceeds to the issuer used or proposed to be amount for any purpose is not known, furnish an estimate. The total of the payments listed must equal forth in response to Part C - Question 4.b above.				\$ <u>19,950,000</u>
-			Payments to Officers, Directors, & Affiliates		Payments To Others
Salaries and fees			\$		\$
Purchase of real estate	-		\$		\$
Purchase, rental or leasing and installati	on of machinery and equipment		\$		\$
Construction or leasing of plant building	gs and facilities		\$		\$
offering that may be used in exchange f	ng the value of securities involved in this or the assets or securities of another	_	\$	0	\$
Repayment of indebtedness			\$		
• •			\$		
			\$		
		_		_	
		П	\$	п	\$
			\$		
Total Payments Listed (Column totals a	dded)		⊠ \$ <u>19</u>	.95(0.000_
	D. FEDERAL SIGNATURE		· 		
following signature constitutes an undertaking	ned by the undersigned duly authorized person. If this not ng by the issuer to furnish to the U.S. Securities and Excha issuer to any non-accredited investor pursuant to paragraph	nge C	ommission, upo		
ssuer (Print or Type)	Signature	Т	Date		
			February 4, 2	000	
Javo Beverage Company, Inc.			rebruary <u>7</u> , 2	009	
Name of Signer (Print or Type)	Title of Signer (Print or Type)				
Villiam E. Marshall	Senior Executive Vice President of Operations, Gene	ral Co	ounsel and Seco	reta	ry

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE		
Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No ⊠
See Appendix, Column 5, for state response.		

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Temporary Form D (17 CFR 239.500T) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
Javo Beverage Company, Inc.		February 4, 2009
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
William E. Marshall	Senior Executive Vice President of Ope	erations, General Counsel and Secretary

Instruction

Print the name and title of the signing representative under the representative's signature for the state portion of this form. One copy of every notice on Form D must be manually signed. A copy not manually signed must be a photocopy of the manually signed copy or bear typed or printed signatures.

APPENDIX

1		2 3				4	5 Disqualification		
	to non-a	d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)			under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No	Units	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
ΑZ									
AR									
CA		Х	\$3,420,000	8	\$3,420,000	0	0		х
со									
СТ									
DE									
DC									
FL									
GA									
ні									
ΙD									
IL									
ΙN				·					
IA									
KS									
KY									
LA									
ME									
MD									
MA						<u> </u>			
МІ									
MN									
MS									
МО									

APPENDIX

l	Inten to non-	d to sell accredited rs in State 3-ltem 1)	Type of security and aggregate offering price offered in state (Part C Item 1)	Type of investor and amount purchased in State (Part C-Item 2)			5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No	Units	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
MT									
NE		-							
NV									
NH									
NJ									
NM									
NY									
NC		- :							
ND									
ОН								•	
ок									
OR		х	\$120,000	1	\$120,000	0	0		x
PA									
RI									
sc		:							
SD									
TN									
TX									
UT									
VT									
VA									
WA									
wv									
WI									
WY									
PR									

